## LOUISIANA MEDICAID PROGRAM

## ISSUED: REPLACED:

## **CHAPTER 7: COMMUNITY CHOICES WAIVER**

## **REVISION HISTORY LOG**

Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
05/11/16	7.2	Self-Direction Option	3	Revised to clarify provisions with regards to compliance to state and federal laws and regulations concerning minimum wage and overtime requirements.
05/11/16	7.8	Reimbursement	3	The billing form used by ADHCs is being changed from the uniform bill (UB-04) claim form to the Centers for Medicare and Medicaid Services' (CMS 1500) health insurance claim form.
05/11/16	Appendix C	Billing Codes	1	Updated link to billing codes
05/11/16	Appendix D	Claims Filing	14	The billing form used by ADHCs is being changed from the uniform bill (UB-04) claim form to the Centers for Medicare and Medicaid Services' (CMS 1500) health insurance claim form.